

**UNITED STATES
DEPARTMENT OF THE INTERIOR
OSAGE AGENCY
P.O. Box 1539**

**Pawhuska, Oklahoma 74056
Report of Completed & Deepened Wells
Within the Osage Reservation**



160 Acres

↑
N

Spot well on Plat

Specify type of well

Oil, Gas, CBM, SWD, Dry, etc. _____

One original must be filed within
10 days after completion of well.

Company operating _____ Address _____

Lessee _____ Lessor **OSAGE TRIBE**

Well No. _____ 1/4 Sec. _____ Twp. _____ Rge. _____ Farm name _____

Well located _____ ft from [N] _____ [E] _____
[S] line, [W] line, Elevation GL _____ DF _____ KB _____

Elevation and location surveyed by _____

Drilling contractor(s) _____ Began _____, 20____ Finished _____, 20____

Cable drilled interval and bit size(s) _____

Mud ☐ Air ☐ Rotary drilled interval & bit size(s) _____

Casing Record				Cementing Contractor	
Size	Wt.	Landed at	Interval cemented	Cement used; include type, gel, additives	
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	

Interval(s) perforated _____ holes _____ to _____; _____ holes _____ to _____; _____ holes _____ to _____

Interval(s) left open _____; Interval(s) shut off _____
and method _____

Plug back depth _____ Packer set? _____ Setting depth _____ Packer left in? _____

How were fresh water and other zones protected? _____

Flow ☐ Pump ☐ Swab ☐ Bail ☐**Initial 24 hour Production Rate Before Treatment**Casing ☐ Tubing ☐ Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls.

Duration of test _____ hrs., Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Formation treatment (shot, acid, fracture, etc.) Indicate amount of materials used (i.e., nitro, sand, water, acid, & other additives) and breakdown pressure.

_____	Feet to _____
_____	Feet to _____
_____	Feet to _____

Flow ☐ Pump ☐**Initial 24 hour Production Rate After Treatment and Recovery of Load**Casing ☐ Tubing ☐ Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls.

Duration of test _____ hrs., Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Location fee paid _____ Date _____ Amount \$ _____

Signature _____ Position with Lessee _____

1/4 Sec

T

R

Datum Elev.

FORMATION RECORD

Well Number

Note each change in formation, i.e., sand, lime shale, sandy shale, etc. & name key beds.
Note character of each formation, i.e., color, hard, soft, caving, etc. Underreamed?
Note contents of each formation, i.e., oil, gas, water, and kind of water - fresh, etc.

FROM

TO

FEET

Surface

Must run and submit open hole logs sufficient to determine resistivity and porosity of all formations.

Cased hole logs sufficient to correlate with open hole logs and determine cement bond quality.

Was well cored _____, enter core description, submit core analysis.

Copies of cementing service tickets should accompany this report.

Include drill stem, wire line, etc. test information.